1120370

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549



FORM D

FEB 13 2000B

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D

Washington, DC

SECTION 4(6), AND/OR
LUMITED OFFERING EXEMPTION

SEC	USE ONLY	
Prefix		Serial
	1 1	
DAT	RECEIVED	

¹ ^{U®} UNIF	ORM LIMITED OFFERING EXEMPTI	ON BATE RECEIVED			
Name of Offering (check if t	his is an amendment and name has changed, and indicate c	hange.)			
Filing Under (Check box(es) that app	y): Rule 504 Rule 505 🛛 Rule	e 506 Section 4(6) ULOE			
Type of Filing: New Filing	Amendment				
1 Control of the Cont	A. BASIC IDENTIFICATION DATA	PHOOLOG=			
1. Enter the information requested about 1. Share of Issuer (check if this is a	n amendment and name has changed, and indicate change.)	FEB 2 2 2008			
Tower Tech Holdings Inc.	it amendment and hame has changed, and indicate change.				
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including THOMSON (920) 684-5579 FINANCIAL			
	ox 1957, Manitowoc, WI 54221-1957	(920) 684-3379			
Address of Principal Business Operati (if different from Executive Offices)	ons (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)			
Brief Description of Business					
The Issuer manufactures fabric support of wind turbines.	ated towers for wind turbines that are sold to a li	mited number of customers for use in the			
Type of Business Organization Corporation	☐ limited partnership, already formed [other (p			
business trust	limited partnership, to be formed	08022932			
Actual or Estimated Date of Incorpora Jurisdiction of Incorporation or Organ	tion or Organization: Month Year				
GENERAL INSTRUCTIONS Federal: Who Must File: All issuers making et sec. or 15 U.S.C. 77d(6).	an offering of securities in reliance on an exemption und	er Regulation D or Section 4(6), 17 CFR 230.501			
the U.S. Securities and Exchange C	led no later than 15 days after the first sale of securitic ommission (SEC) on the earlier of the date it is receive on which it is due, on the date it was mailed by United St	ved by the SEC at the address given below or.			
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.					
	nis notice must be filed with the SEC, one of which must be travely signed copy or bear typed or printed signatures.	e manually signed. Any copies not manually			

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

	 	A. BASIC IDENTIFI	CATION DATA		
2. Enter the information requ	ested for the follow	ring:			
•		er has been organized within			
 Each beneficial owr of the issuer; 	ner having the pow	er to vote or dispose, or dire	ect the vote or disposition o	f, 10% or more of	a class of equity securities
 Each executive office 	er and director of o	corporate issuers and of corp	porate general and managing	g partners of partne	rship issuers; and
Each general and management	anaging partner of	partnership issuers.			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Brickner III, Raymo	,				
Business or Residence Addres	s (Number and St	treet, City, State, Zip Code)			
101 South 16th Stree	t, P.O. Box 195	7, Manitowoc, WI 542	21-1957		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Huntington, Steven	•	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address	s (Number and St	treet, City, State, Zip Code)			
	•	7, Manitowoc, WI 542			
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Drecoll, J. Cameron	individual)				Managing Laurei
Business or Residence Address	os (Number and St	treet City State Zin Code)			
1309 South Cicero A		•			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if Moller, Lars	individual)	10 10			
Business or Residence Address	ss (Number and St	treet, City, State, Zip Code)			
101 South 16th Stree	t, P.O. Box 195	7, Manitowoc, WI 542	21-1957		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Gadow, Matthew	individual)				
Business or Residence Address	s (Number and St	treet, City, State, Zip Code)			
	· ·	7, Manitowoc, WI 542	21-1957		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Fox, Terence P.	individual)				
Business or Residence Address	ss (Number and S	treet, City, State, Zip Code)			
101 South 16th Stree	t, P.O. Box 195	7, Manitowoc, WI 542	21-1957		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Barrett, William M.	individual)			, 	
Business or Residence Address	ss (Number and S	treet, City, State, Zip Code)			
_		7, Manitowoc, WI 542			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

4 -		A. BASIC IDENTIFI	CATION DATA		
2. Enter the information reque	ested for the follow	ing:			
•		er has been organized within			
 Each beneficial own of the issuer; 	er having the pow	er to vote or dispose, or dire	ect the vote or disposition o	f, 10% or more of	a class of equity securities
 Each executive offic Each general and ma 		corporate issuers and of corporate issuers and of corporate issuers.	porate general and managing	g partners of partner	rship issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Beynon, Charles H.	individual)				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)			
101 South 16th Street	t, P.O. Box 195	7, Manitowoc, WI 542	21-1957		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if Lindstrom, James M	•				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)		***	
101 South 16th Street	t, P.O. Box 195	7, Manitowoc, WI 542	21-1957		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if Gendell, Jeffrey L.	individual)				
Business or Residence Addres	s (Number and St	reet, City, State, Zip Code)			
55 Railroad Avenue,	, 1 st Floor, Gree	nwich, CT 06830			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)			, , , , , , , , , , , , , , , , , , , 	
Business or Residence Address	s (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	,			
Business or Residence Addres	ss (Number and St	reet, City, State, Zip Code)			<u></u>
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				Arimments 1 writter
Business or Residence Address	ss (Number and St	reet, City, State, Zip Code)		<u> </u>	
	(Use blank sh	eet, or copy and use additio	nal copies of this sheet, as r	necessary.)	

				В. і	NFORMA	TION ABO	UT OFFE	RING				
4	TT .1		1	. , .	- 11	**. 1		al-i- co i	-0		Ye	
1.	Has the issu	er sold, or								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	110				o in Append	-	_				ć.	1/4
2.	What is the	minimum i	nvestment t	nat will be a	accepted tro	m any indiv	idual?		*****************		 Ye	
3.	Does the of	fering perm	it joint own	ership of a s	single unit?.	****************	•••••				×	
4.	Enter the in sion or simi to be listed list the nam or dealer, yo	lar remuner is an associ ne of the br	ration for so ciated perso oker or dea	licitation of n or agent ler. If mor	purchasers of a broker e than five	in connecti or dealer re (5) persons	on with sale egistered w to be listed	es of securit ith the SEC d are associ	ies in the or and/or wind ated persor	ffering. If a th a state or is of such a	person states,	
Full Nan	ne (Last name	e first, if inc	lividual)									
Business	or Residence	Address (Number and	d Street, Cit	y, State, Zip	Code)					· · · · · · · · · · · · · · · · ·	
Name of	Associated E	Broker or D	ealer						· · · · · · · · · · · · · · · · · · ·			
States in	Which Perso	n Listed Ha	as Solicited	or Intends to	o Solicit Pui	rchasers						
(Ch	eck "All State	es" or checl	k individual	States)		****************			***************************************	******************		All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
	or Residence			l Street, Cit	y, State, Zip	Code)	······································					
Name of	Associated E	Broker or D	ealer									
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	chasers		<u></u>				·
(Ch	eck "All State	es" or check	c individual	States)					*****************			All States
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Nan	ne (Last name	e first, if ind	lividual)									
Business	or Residence	Address (Number and	d Street, Cit	y, State, Zip	Code)						
Name of	Associated E	Broker or D	ealer	· · · · · · · · · · · · · · · · · · ·								
States in	Which Perso	n Listed Ha	s Solicited	or Intends to	Solicit Pur	chasers						
(Ch	eck "All State	es" or checl	c individual	States)								All States
(AL) [IL] [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY] [NJ]	[CO] [LA] [NM]	[CT] [ME] [NY]	[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$	\$
	Equity	\$ 17,225,000	\$_17,225,000
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	S	s
	Partnership Interests	S	s
	Other (Specify)		
	Total		
2.	Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number	Aggregate Dollar Amoun
		Investors	of Purchases
	Accredited Investors		\$ <u>17,225,000</u>
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	·	\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees	🛛	\$_1,000
	Printing and Engraving Costs		s
	Legal Fees		\$_25,000
	Accounting Fees	_	\$
	Engineering Fees		\$S
	Sales Commissions (specify finders' fees separately)		\$S
	Other Expenses (identify)		°
			e 26 000
	Total	🛛	\$ 26,000

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

! · ·	C. OFFERING PRICE, NUME	BER OF INVESTORS, EXPENSES AND US	E OF P	ROCEEDS		
5.	 b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for the purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. 					
		()		Payments to Officers, Directors, & Affiliates	Payments to Others	
	Salaries and fees		□ \$_		\$	
	Purchase of real estate		□ \$_		□ \$	
	Purchase, rental or leasing and installation	of machinery and equipment	□ \$_		\$	
	Construction or leasing of plant buildings a	nd facilities	□ \$_		□ \$	
	Acquisition of other businesses (including offering that may be used in exchange for t issuer pursuant to a merger)	the value of securities involved in this he assets or securities of another	□ \$_		■ \$ <u>17,199,000</u>	
	Repayment of indebtedness		□ \$_		□ \$	
	Working capital		□ \$_		□ s	
	Other (specify):		□ \$_		□ \$	
			\$ _		□ \$	
	Column Totals		□ \$_		⊠ \$ <u>17,199,000</u>	
	Total Payments Listed (column totals adde	d)		⊠ \$_	17,199,000	
		D. FEDERAL SIGNATURE				
lowin	er has duly caused this notice to be signed by signature constitutes an undertaking by the its staff, the information furnished by the issue	issuer to furnish to the U.S. Securities and	Exchar	ige Commission	on, upon written re-	
suer	(Print or Type)	Signature		Date	,	
Tov	er Tech Holdings Inc.	Sion affair		2)	2/08	
lame o	f Signer (Print or Type)	Title of Signer (Print or Type)	_			
Stev	en A. Huntington	Chief Financial Officer				
		•				

ATTENTION —

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

